

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038591

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 236

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 7 1963

1. PLACE OF DEATH

a. COUNTY

SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SIKESTON

Length of stay in lb
23 YRS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 334 ALABAMA ST.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

SCOTT

c. CITY
OR TOWN

SIKESTON

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)
334 ALABAMA ST.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

SILAS

RUCKER

4. DATE OF DEATH

Month 9

Day 29

Year 1963

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/4/1867

9. AGE (last birthday)

96

IF UNDER 1 YEAR

Months 4

Days 25

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMING

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

JEFFERSON COUNTY MISS.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOSH RUCKER

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of serv)

NO

17. INFORMANT

Address

MINNIE RUCKER, SIKESTON, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Runned to Death
Home was destroyed by fire

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour 9 a.m.
Month, Day, Year 9-29-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

SIKESTON

COUNTY

Scott

STATE

MO

21. I attended the deceased from

First Call After Death

Death occurred at

4:11 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Siikeston Mo.

22c. DATE SIGNED

10/2/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9/30/63

23c. NAME OF CEMETERY OR CREMATORY

SUNSET OF MEMORY

23d. LOCATION (City, town, or county)

SIKESTON

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

ALVIN DOTSON, SIKESTON, MO.

25. DATE RECD. BY LOCAL REG.

Oct 3, 1963

26. REGISTRAR'S SIGNATURE

Jeanette Waldman

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1007
21007
3
42
57
6
71
82
99/60
1016
11141
1290-3
1320

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Willie R. Davis

Licensed Embalmer No. 3729

P. O. Address Charleston, W. Va.

Note: The above MUST BE SIGNED, BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 9-20-63